

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093800

Entity Name: JAMES DEAN PARTNERS, LLC

FILED
Feb 22, 2009
Secretary of State

Current Principal Place of Business:

1275 15TH STREET
17M
FORT LEE, NJ 07024

New Principal Place of Business:

1275 15TH STREET
5J
FORT LEE, NJ 07024

Current Mailing Address:

1275 15TH STREET
17M
FORT LEE, NJ 07024

New Mailing Address:

1275 15TH STREET
5J
FORT LEE, NJ 07024

FEI Number: 20-3578696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STURGES, ERNEST W JR.
701 JC CENTER COURT
SUITE 3
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KERSHAW, JAMES D
Address: 1275 15TH STREET, SUITE 17M
City-St-Zip: FORT LEE, NJ 07024

Title: MGRM () Delete
Name: KERSHAW, LYNNE D
Address: 1275 15TH STREET, SUITE 17M
City-St-Zip: FORT LEE, NJ 07024

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KERSHAW, JAMES D
Address: 1275 15TH STREET, SUITE 5J
City-St-Zip: FORT LEE, NJ 07024

Title: MGRM (X) Change () Addition
Name: KERSHAW, LYNNE D
Address: 1275 15TH STREET, SUITE 5J
City-St-Zip: FORT LEE, NJ 07024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES D KERSHAW

MNGR

02/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date